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ABSTRACT

Measured by cash income, the rate of poverty among the age 65 and older population has fallen dramatically, especially since 1974--from 25 percent in 1968 to 14.1 percent in 1983. However, this decline is the result more of an increase in poverty rates for the nonelderly in recent years than of major progress in reducing poverty for those over 65. The decline is likely to continue. For elderly persons at all levels of income, Social Security benefits have contributed to growth in incomes. Each group of persons turning 65 in one year tends to be better off than the previous year's group. But such gains do not help those who are already elderly. The number of poor elderly has been dropping since 1980 but at a slower pace than suggested by the decline in the poverty rate. The number of poor elderly in 1983 was higher than the number in 1973. More than three-fourths of the elderly poor are women and minorities; the proportion of elderly in these groups has been growing. In 1983 women constituted 71.1 percent of the elderly poor, although they accounted for 59.1 percent of the total elderly; 56 percent of all elderly women are poor. Women over 65 living as unrelated individuals on the average get only about one-third as much from wages and salaries as do their male counterparts. Their risks of being poor change dramatically with their living arrangements. Poverty rates for elderly minorities continue to be much higher than those for whites. Other characteristics of the elderly poor are described, and policy implications are discussed. Data are presented on 11 tables and figures. (BJV)

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CHANGING DOMESTIC PRIORITIES

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DISCUSSION PAPER

POVERTY AMONG ELDERLY WOMEN AND MINORITIES

by

Marilyn Moon

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POVERTY AMONG ELDERLY WOMEN AND MINORITIES

by

Marilyn Moon

January 1985

This discussion paper is a revision of a paper deliverd at the Gerontological Society Meetings, November 1984.

This paper is a product of the Changing Domestic Priorities project which is examining the shifts that are occurring in the nation's economic and social policies under the Reagan administration. Funding for this multiyear study was provided by a consortium of foundations and corporations, principally The Ford Foundation and the John D. and Catherine T. MacArthur Foundation. Support for this paper was provided by the Carnegie Foundation.

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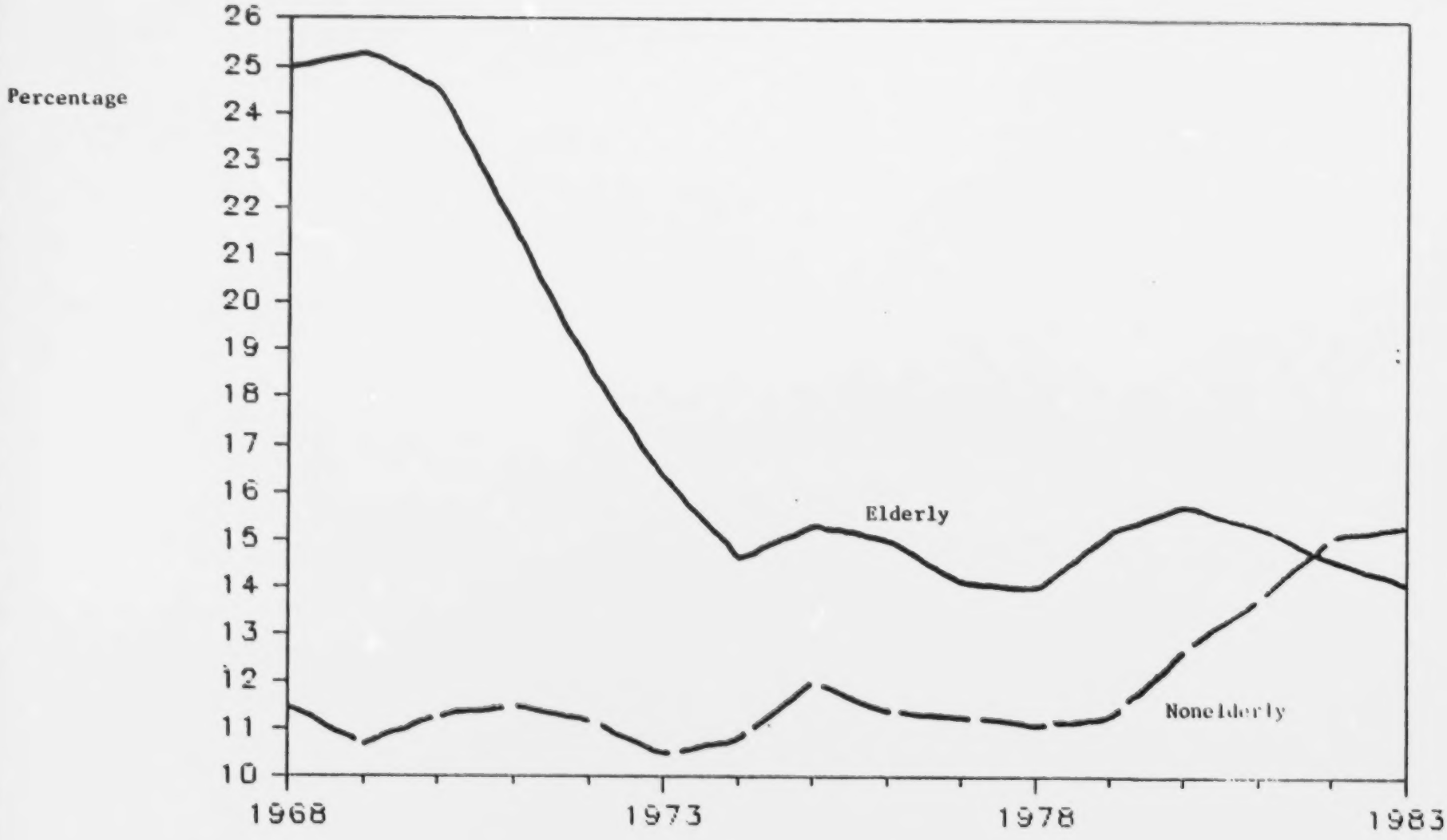
Figure 1

POVERTY RATES FOR ELDERLY AND NONELDERLY PERSONS, 1968-1983



Like many important issues, an analysis of poverty and economic well-being among the elderly has many facets. Rising average incomes and lower rates of poverty for those over 65 tell only part of the story. For some, including women and minorities, considerable problems remain.

A General Overview

Although this paper concentrates on poverty among women and minorities, it is instructive to begin with a general overview reflecting both good news and bad news concerning progress made in raising the living standards of the elderly. While the good news should not deflect attention from the problems that remain, it is not a sign of callousness or lack of concern to admit that there have been achievements in this area. Nor does this imply necessarily that the elderly are doing so well that government aid should be cut. In fact, part of the significance of the "good" news is that it underscores the importance of government transfers in achieving gains.

The good news is the simpler story to tell. Measured by cash income, the rate of poverty among the age 65 and older population has fallen dramatically, particularly since 1974 (see Figure 1).[1] In 1982, for the first time, the rate of poverty for this group was actually below that of the nonelderly and that gap continued to widen in 1983. This represents a mixed blessing, however, since it results more from an increase in poverty rates for the nonelderly in recent years than from major progress in reducing poverty for those over 65. Nonetheless, for the aged as a whole, the share of those in poverty has dropped from 25 percent in 1968 to 14.1 percent in 1983.

Moreover, this decline is likely to continue. Recent research at the Urban Institute on changes in income over the 1980 to 1984 period indicates that there has been strong growth in after tax incomes for elderly families and individuals as a group—even extending down to include those with

relatively low incomes (see Figure 2):[2]

This study also indicates where that income growth has occurred (see Table 1), demonstrating that declining inflation has helped the elderly in a number of ways. For persons at all levels of income, Social Security benefits contributed to growth in incomes. First, each new wave of persons reaching age 65 tends to have higher Social Security benefits than the last. Such improvements in retirement income raise the average level of benefits. Second, because of the way that Social Security is adjusted for inflation, there is a lag in the yearly increase. That is, the cost of living adjustment reflects the rate of inflation over a one year period prior to the actual adjustment date. In periods of rising inflation, the elderly usually fall a little behind in real benefit growth. But, in a period such as the last four years in which the rate of inflation has been abating each year, the elderly "catch up." For example, the cost of living adjustment in July 1980 was 14 percent, but inflation for that calendar year was just over 11 percent. Similar gains in inflation adjusted benefits were made in each succeeding year as well. In fact, these gains were large enough to more than offset the negative effects of the delay in the cost of living adjustment that occurred last December as part of the Social Security amendments of 1983. Another income source likely benefiting from lower inflation has been private pensions which are not always well protected against periods of rapid price increases. Although they showed little growth over this period, they might have actually declined if inflation had remained high. In addition, for higher income elderly households, high inflation-adjusted interest rates in the last several years have meant that income from assets has grown rapidly.

Judging from these sources of income, prospects are good for continued small declines in the rate of poverty among the elderly, particularly because

Figure 2

GROWTH IN DISPOSABLE INCOMES OF THE ELDERLY BY QUINTILES, 1980-1984

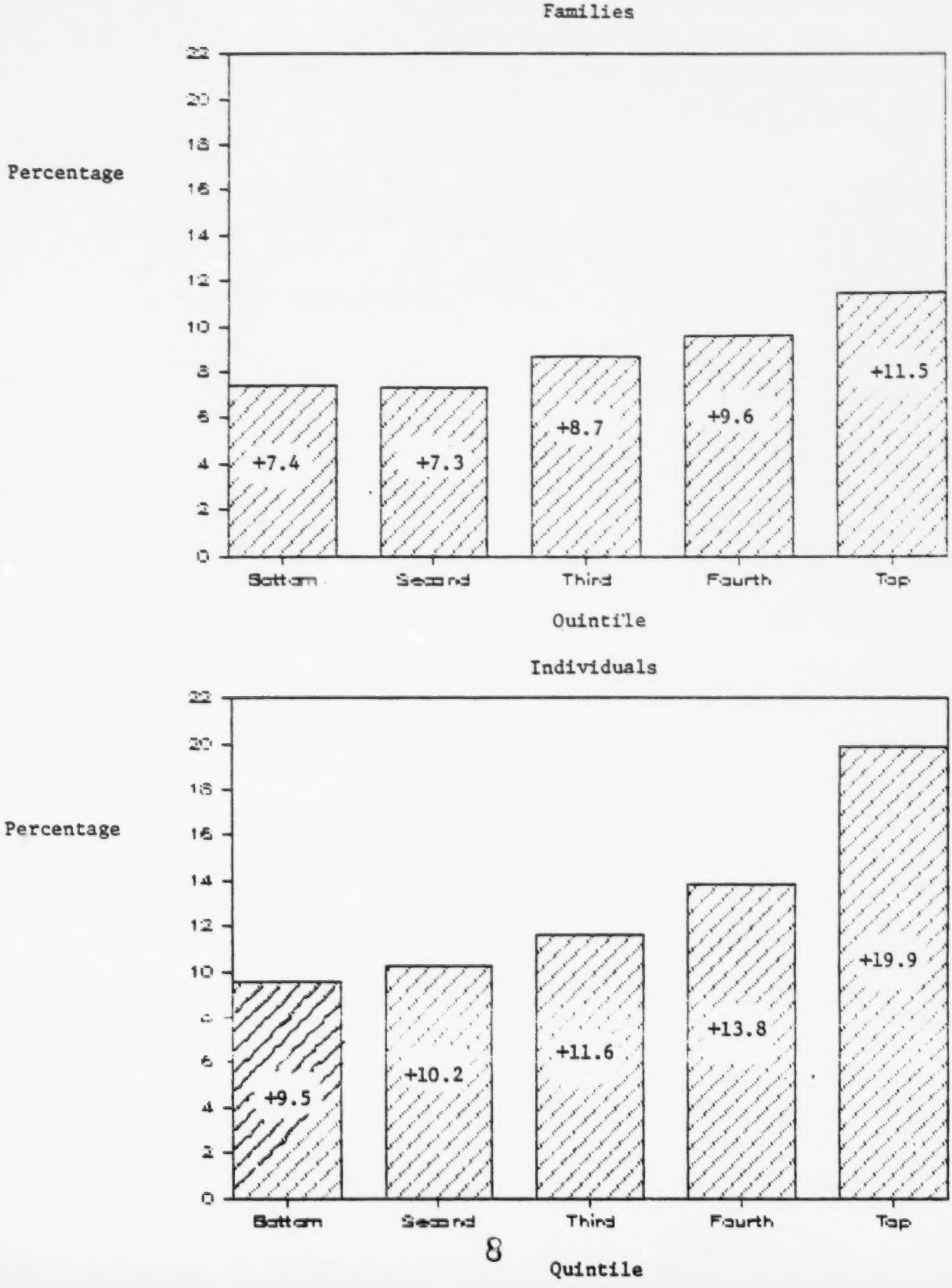


TABLE 1

SOURCES OF AVERAGE DISPOSABLE INCOME
FOR ELDERLY FAMILIES, 1980-84
(in 1984 dollars)

Selected Sources of Income and Tax Liability	1980	Projection for 1984	Percentage Increase
Labor income	$ 6,424	$ 6,996	8.9%
Asset income	4,161	5,168	24.2
Social security	6,885	7,572	10.0
Supplemental security income	239	243	1.8
Other income[a]	3,335	3,394	1.8
Total income[b]	21,070	23,400	11.1
Federal income taxes	1,742	2,066	18.6
Other taxes	1,766	2,053	16.3
Disposable income	17,562	19,282	9.8

SOURCE: Urban Institute household income model.

a. The "other" category includes government and private pension payments, unemployment compensation, and alimony.

b. The total is larger than the sum of the components included here since the table omits a small amount of other public assistance—primarily AFDC.

of the effects on those newly entering the elderly category. Not only can we expect that Social Security benefits for families and individuals may rise on average (assuming no further changes in Social Security benefits), but some improvements in private pension coverage are likely as well.[3] Overall, the elderly were relatively immune to the latest recession, suggesting that the public policy strategy of recent years of seeking lower inflation (even at the expense of higher unemployment) is an approach that on average helps more than it hurts for this age group.

As I suggested earlier, however, the news is not all good, and even the good news must be carefully qualified in some respects. First, while it is perfectly correct to say that the elderly as a group showed impressive gains over the 1980 to 1984 period, that is not the same as saying that each individual experienced those gains. Indeed, as I have already mentioned, some of the income growth observed reflects the fact that new members of this group tend to be better off and thus raise the average. That is, each group of persons turning 65 in one year tends to be better off than the previous year's group. Such gains, however, do not help those who are already elderly.

In the specific context of the poverty rate, the appropriate question would be to what extent these average income gains would have raised elderly families and individuals above the poverty line. For a better clue to the answer to this question, we can look at the number of poor elderly rather than the rate. If the average income gains only reflect increases in the number of higher income persons newly classified as elderly rather than income gains for all, the poverty rate would fall but without reducing the number of people below the line. That is, all the new elderly would raise the denominator used to calculate the poverty rate but not change the numerator. Indeed, this is at least partially the case. The number of elderly persons in poverty has been

dropping since 1980 but at a slower pace than suggested by the decline in the poverty rate. Moreover, the number of poor elderly in 1983 was higher than the number of poor in 1973 (see Figure 3).

Thus far discussions of the poverty rate have ignored the issue of how that rate should be measured. This constitutes an area of considerable controversy in part because some of the proposed changes in measurement would result in drastically lowered poverty rates.[4] The poverty rate in the United States is currently determined by taking cash income (wages, salaries, interest, dividends, pensions, and cash transfers, for example) of elderly households and comparing that to a poverty threshold for that particular household size (for example, $6,023 for an elderly couple in 1983). If the household's income is below that threshold, the household is considered to be poor. Both the use of cash income and the definition of the threshold have been subject to considerable criticism.

Some additional resources should be added to income—such as the value of food stamps received by the household. Taxes paid by the household should also be subtracted from such a measure, however, in order to develop a better indicator of what resources a household has at its disposal to buy goods and services. These items mentioned thus far would result in an expanded income measure that can be gauged against the current poverty threshold—which is a relatively crude measure of a subsistence level budget. (Since including taxes would tend to raise the rates and food stamps and housing assistance lower them, the overall poverty rate might not change much.) But unless that threshold measure is substantially revised, the value of health care benefits from Medicare and Medicaid should <u>not</u> be added to income in order to measure poverty.[5] The very large size of these benefits virtually "guarantees" that few elderly would be left in poverty were these transfers to be included in

Figure 3

TOTAL NUMBER OF ELDERLY IN POVERTY,
1968-1983

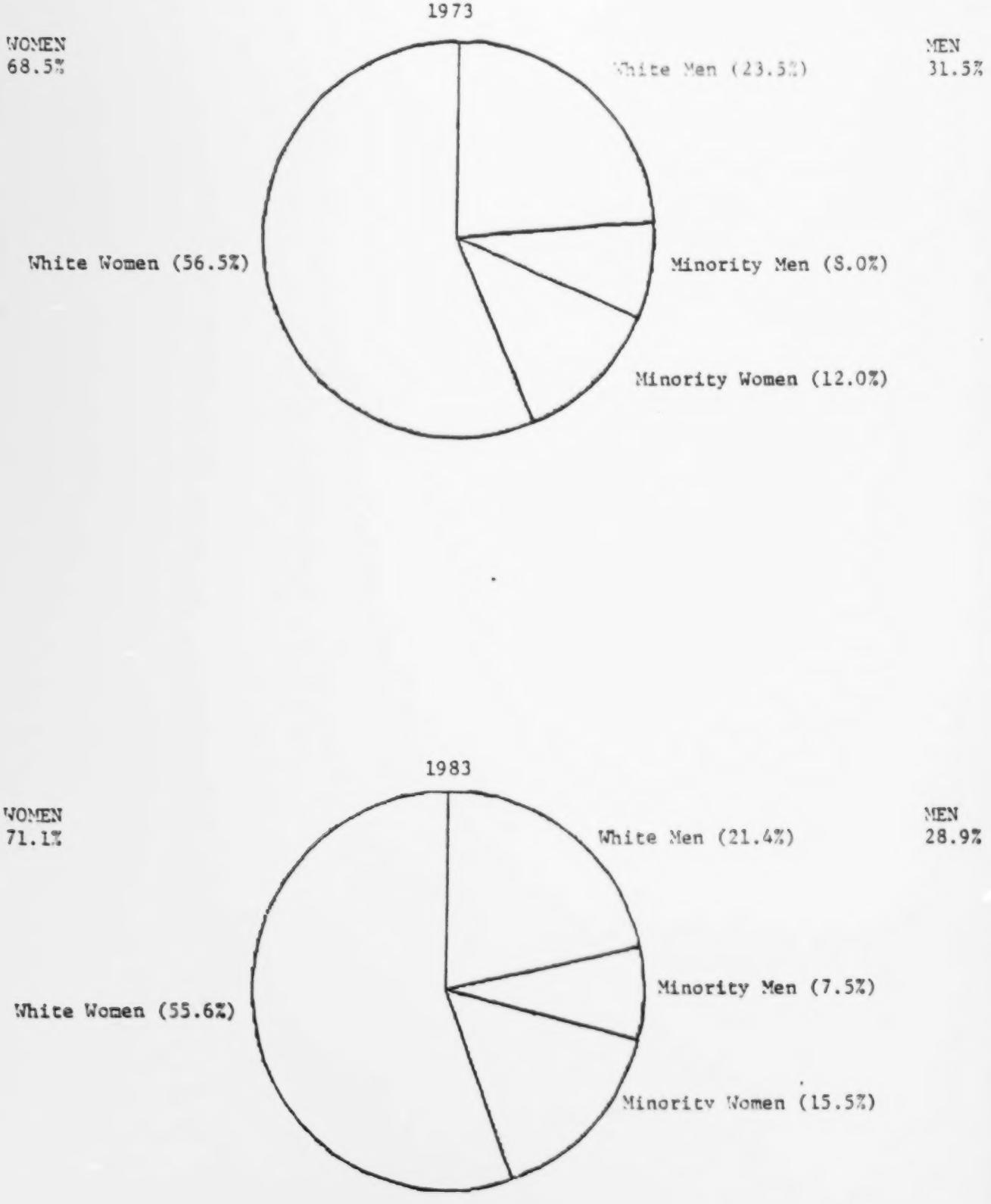
income. While the benefits they provide are extremely valuable, receipt of Medicare and Medicaid do not reduce the need to have other income to meet a subsistence level budget. For example, attributing an insurance value of $3,000 for these benefits to an elderly individual would account for about 60 percent of his or her poverty threshold (which will be about $5,000 in 1984). But that person still has to eat and to purchase housing--necessary expenses that the medical benefits cannot replace.

In fact, accounting for medical costs could even work in the opposite direction. Even given the large benefits from Medicare and Medicaid, the elderly still pay a substantial portion of their own incomes for medical expenses (see Table 2). On a per capita basis, noninstitutionalized persons with incomes below $10,000 will spend more than 13 percent of their incomes for medical care in 1984. And although the amount is considerably higher than that paid by younger families, the poverty thresholds do not incorporate an adjustment for this extraordinary expenditure for the elderly. If Medicare and Medicaid are to be added to income, therefore, the poverty threshold should also be adjusted to take into account the average cost of care for the elderly both from public programs and out-of-pocket. If properly done, it is likely that the results would show an increase rather than a decrease in the poverty rates for persons 65 and older. Moreover, such an effort could also allow some additional age differentials to be built in, recognizing that the very old have even higher medical costs to be funded out of lower incomes than their younger (age 65 to 74) counterparts.

Turning to specific issues concerning elderly women and minorities in poverty does not constitute an undue restriction; more than three-fourths of all the elderly poor fall into one of these categories (see Figure 4). And the proportion of elderly in these groups has been growing over time (see Figure

Figure 4

COMPOSITION OF POVERTY OVER TIME



SOURCE: Current Population Survey

TABLE 2

DISTRIBUTION OF NONINSTITUTIONALIZED ELDERLY ENROLLEES AND THEIR PER CAPITA AVERAGE INDIVIDUAL LIABILITY FOR MEDICAL CARE (in 1984 Dollars)

Per Capita Income Category	Percentage of Enrollees	Total Per Capita Individual Liability[a]	Liability as a Percent of Per Capita Income
$ 5,000 and less	25.6	$ 758	21.5
$ 5,000 - $10,000	39.6	901	12.7
$10,001 - $15,000	15.8	1,053	8.6
$15,001 - $20,000	7.8	1,009	5.9
$20,001 and above	11.2	1,194	3.1

SOURCE: National Medical Care Expenditure Survey.

a. Individual liability is the sum of out-of-pocket expenditures on medical care and the per capita insurance premium (paid by the family) averaged across all enrollees.

5).

Elderly Women in Poverty

In 1983, women constituted 71.1 percent of the elderly poor, although they accounted for only 59.1 percent of all the elderly. And women have been growing as a share of the elderly poor--largely reflecting their increase in numbers relative to men, but also because declines in the rate of poverty among women have come more slowly than for men.

Why are women so much more likely to be poor? One interesting starting point is to focus on income sources for elderly women versus elderly men (where both groups live as unrelated individuals). Table 3 shows selected sources of income for women and the ratio between men and women for each source. That is, the ratio for women to men is .38 for labor income, indicating that women over 65 living as unrelated individuals on average get only about one-third as much from wages and salaries as their male counterparts. This largely reflects the proportion of women working, although income per worker is also lower for older women. For Social Security, on the other hand, the amounts are about equal. Overall, average disposable incomes for the women are about three-fourths that of men. The greatest discrepancies arise from labor income and, to lesser degrees, from asset and pension incomes. Women over 65 seldom work (in part because they are older on average than their male counterparts), and they have fewer resources to rely upon from private sources of earlier savings (including private pensions).

A majority of poor elderly women (64 percent) are over the age of 72--but that largely captures the fact that 56 percent of all elderly women are also poor. Thus, while the problems are great for the very old among this group, age itself is not a good predictor of whether a woman will be poor. Rather, it is in the living arrangements of elderly women where the greatest

Figure 5

NUMBER OF ELDERLY IN POVERTY, BY RACE AND SEX

1969-1983

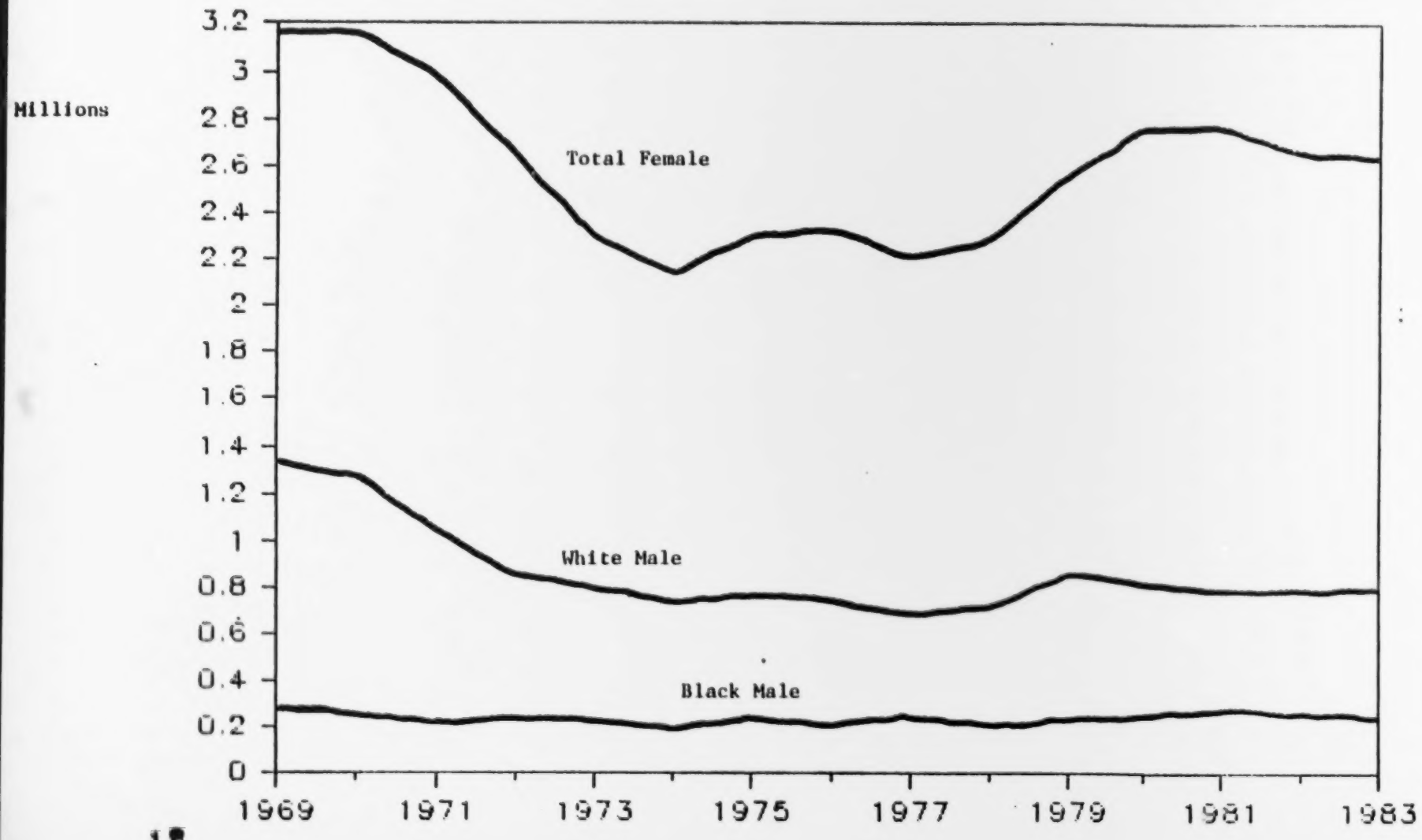


TABLE 3

COMPARISON OF INCOME SOURCES FOR ELDERLY WOMEN AND MEN LIVING AS UNRELATED INDIVIDUALS, 1984 PROJECTIONS

Selected Income Sources	Projected 1984 Average Amounts for Women	Ratio of Averages for Women Relative to Men
Labor income	$1,001	.38
Asset income	2,692	.65
Social security	4,529	.94
Supplemental security income	254	1.10
Other[a]	1,303	.65
Total income[b]	9,787	.71

SOURCE: Urban Institute household income model.

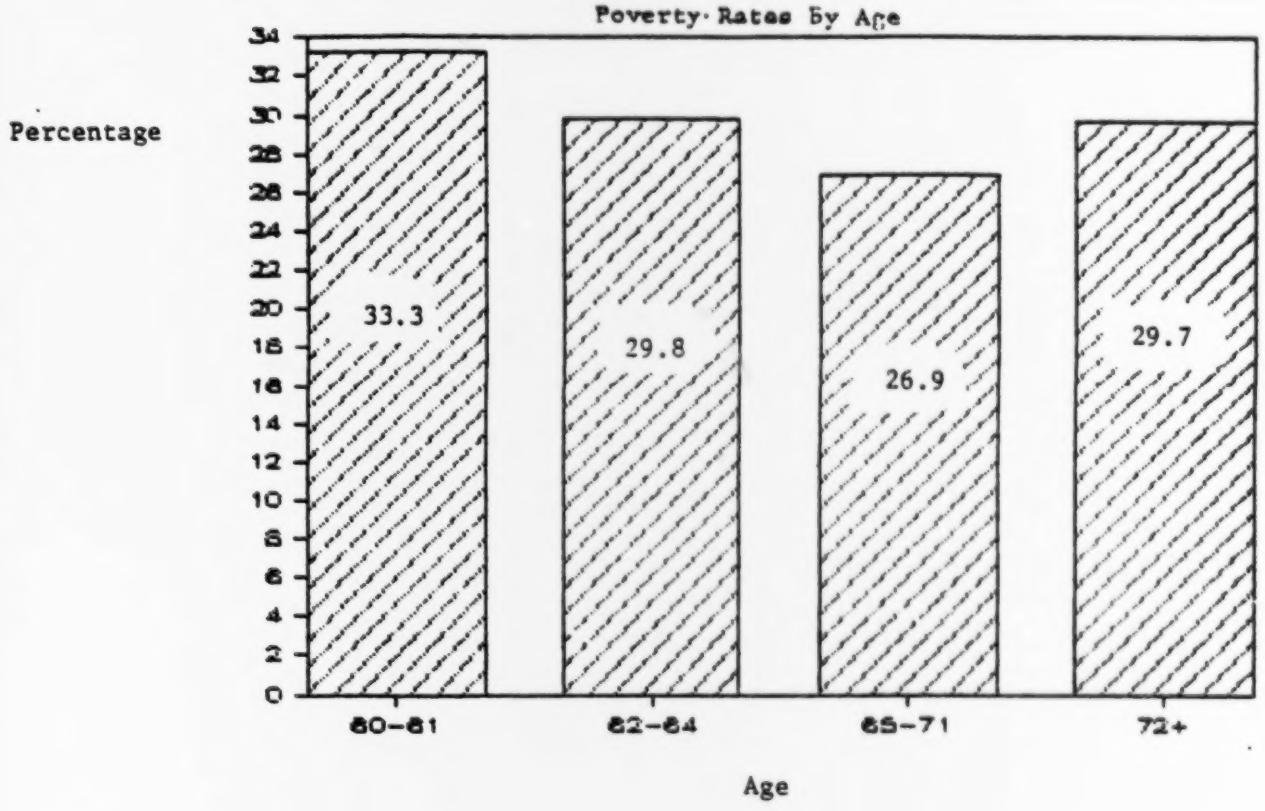
a. The "other" category includes government and private pension payments, unemployment compensation, and alimony.

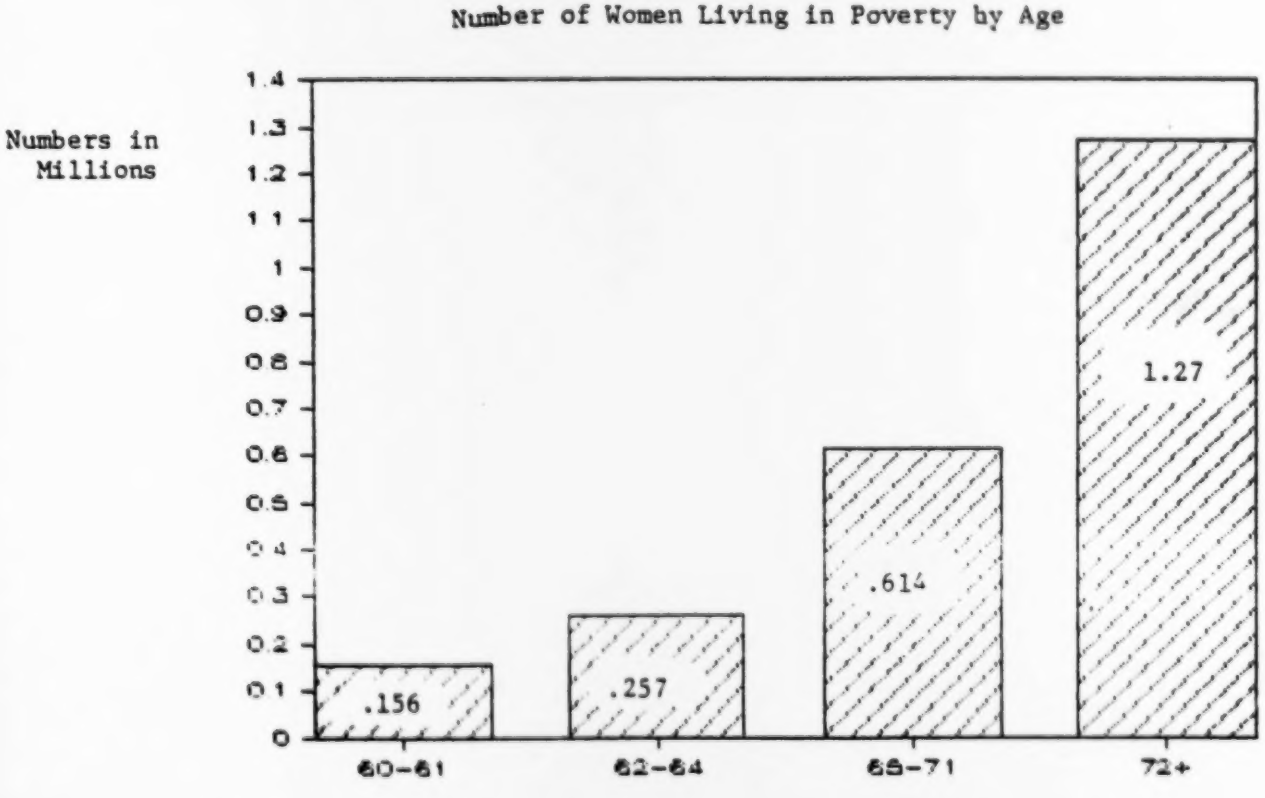
b. The total is larger than the sum of the components included here since the table omits a small amount of other public assistance—primarily AFDC.

discrepancies between poor and nonpoor occur. That is, 41 percent of all elderly women lived alone in 1983, but for poor elderly women the proportion was 65 percent; altogether, nearly two-thirds of all poor women live alone. Some insights into the relationship between age and living arrangements as factors contributing to poverty can be gained from the two bar charts in Figure 6. The top chart shows the rate of poverty among women of different ages who lived alone in 1983. That rate increased very little with age—in fact it declined for the age 65 to 71 group. But the second chart shows the number of women living alone in poverty by age and the numbers rise dramatically. The risk of being poor does not go up substantially with age; rather, there are high numbers of poor among that group because so many women live well past age 72, outliving their husbands and ending up living alone.

These statistics raise an interesting issue. A large proportion of the over age 72 poor are widows and the number of women in this group as compared to the age 65 to 71 category illustrates that many women are widowed in their late 60s or early 70s. In contrast, poverty among married couple families is now and, for some time has been, very low. For instance, women aged 65 and over in families have a poverty rate of 8.9 percent, while widows 72 and older have a rate of 22.7 percent. Why are the risks of poverty so high for this group of older widows since many of them could not have been poor when their husbands were still alive? Why are they not substantially better off than their younger counterparts? What caused the rate of poverty to rise so rapidly for this group particularly since Social Security provides generous survivors' benefits? The answers are not easy to sort out, but some likely scenarios can be suggested. First, many elderly would be sensitive to any decline in incomes, since about 600,000 elderly families have incomes just above the poverty lines.[6]

POVERTY RATES AND NUMBERS OF POOR AMONG ELDERLY WOMEN LIVING AS UNRELATED INDIVIDUALS, 1982





SOURCE: Current Population Survey

Second, look at sources of income to older women as compared to their younger counterparts. If the very old group is made up of women coming from families who were not poor in their early retirement years, older widows should be better off (after adjusting for some differences reflecting the generally rising level of well-being for younger elderly cohorts).[7] Except for labor incomes, a comparison of women over age 75 to elderly women between the ages of 65 and 74 living as unrelated individuals shows strikingly similar levels of income from a number of sources (see Table 4). Indeed, incomes for this older group are 89 percent of that of the "young-old." And Social Security and asset incomes are higher for the women over age 75. Not surprisingly, labor income is much lower. But more important, income from pensions are also lower for the older women. Some of this variation undoubtedly reflects the secular trend to higher incomes for each younger cohort as described above. But, the fact that private pension benefits are so low may hold some clue. Benefits to widowed women may depend upon whether the pensions for the deceased husbands contained provisions for survivors' benefits or end at the death of the beneficiary. A similar comparison could be made between per capita family incomes for those aged 65 and over and women 75 and over living as unrelated individuals. While ratios for asset incomes and Social Security are higher for the women than families on a per capita basis, pensions are only two-thirds as high for the over age 75 women.

Another unknown in this issue of the transition to widowhood is what the terminal illness of the husband may have done to the family's resources. A prolonged illness could severely drain the savings of the family through high out-of-pocket costs for care. This is particularly likely in the case of illnesses requiring some form of long term care, since such care is least well covered by private insurance or Medicare. Medicaid benefits would generally

TABLE 4

COMPARISON OF INCOME SOURCES FOR ELDERLY WOMEN
AGED 65-74 AND AGED 75 AND ABOVE,
1984 PROJECTIONS

Selected Income Sources	Projected 1984 Average Amounts for Women Aged 75 and Above	Ratio of Averages for Women Aged 75 and Above Relative to Women Aged 65-74
Labor income	$ 368	.23
Asset income	2,784	1.07
Social security	4,582	1.02
Supplemental security income	252	.98
Other[a]	1,087	.72
Total income[b]	9,078	.87

SOURCE: Urban Institute household income model.

a. The "other" category includes government and private pension payments, unemployment compensation, and alimony.

b. The total is larger than the sum of the components included here because the table omits a small amount of other public assistance—primarily AFDC.

only be available after the family "spends down" most of its assets, leaving the surviving spouse with few resources. The relatively high levels of asset incomes among women over age 75 may indicate that this is not a common occurrence—but since we cannot compare these to the earlier asset incomes of the same women and since we do not have information on other resources such as owned homes, this is certainly not definitive evidence. Moreover, if even 10 percent of all poor widowed women over the age of 72 were in poverty as a result of medical costs in earlier years, this would explain poverty figures for 120,000 people in 1982.

Elderly Minorities in Poverty

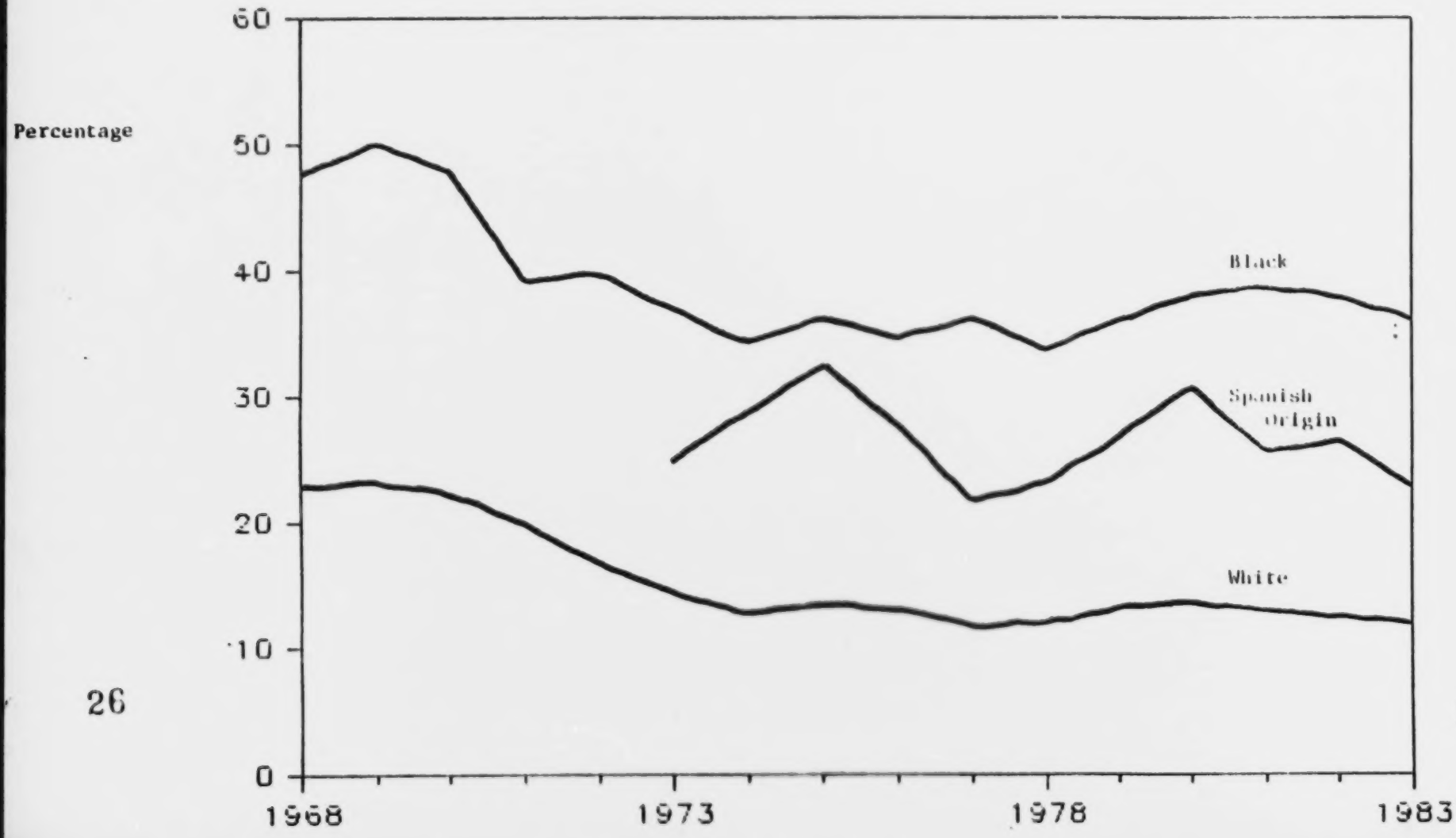
To a large extent, gains for the elderly as a whole have not been felt by minority families and individuals. Poverty rates for elderly minorities continue to be much higher than those for whites (Figure 7). And the numbers of minority poor among the elderly have remained quite constant over time. Across-the-board improvements such as with Social Security benefits have not been sufficient to alleviate the problems of the minority elderly. In addition to the number of such persons below the poverty level, even more are near poor. That is, if 125 percent of the poverty threshold is the indicator used, the number of low income minority elderly is triple that of the number of poor. Thus, even small cutbacks in benefits could have very adverse effects on poverty.

Unlike women, whose risks of being poor change dramatically with their living arrangements, all types of minority households are likely to be poor. For white families, the risk of being in poverty is about twice as high for unrelated individuals as for persons living in families. This ratio is dramatically lower for black and hispanic persons, however. As a consequence, poverty is much higher among minority families than white families and living

Figure 7

POVERTY RATE FOR ELDERLY PERSONS, BY RACE

1968-1983



arrangements do not explain much of the higher poverty for this group. Consequently, it is not helpful to try to focus on one specific subset of minorities to isolate specific problems.

Much of the increase in poverty to minorities at age 65 and above is likely to reflect the fact that below average wages and salaries over the working years keeps later retirement incomes low. For example, nearly two-thirds of all young black and Spanish-origin persons had incomes less than 125 percent of the poverty thresholds in 1983. The disadvantages of many years of discrimination and employment in jobs without the same pension and other fringe benefits carry over past age 65.

Across the board, incomes to black and hispanic elderly persons are below white families in all major categories. And indeed, for asset incomes and private pensions, the disparities are particularly great—probably reflecting a long-standing pattern of lower lifetime incomes.

Implications for Policy

This paper does not attempt a comprehensive discussion of potential policy responses to the issues raised here, but some common themes deserve discussion. For example, the contrast between the good and bad news elements of changes in living standards for the elderly suggest that one source of controversy is likely to center on whether improvements in benefits to the elderly should be done across the board or on a more selective basis. One reason for the strong public support enjoyed by Social Security and Medicare is that they are universally available to almost all the elderly. Consequently, these programs are viewed as social insurance and carry little of the stigma often attached to means-tested programs. On the other hand, many of the elderly are doing reasonably well and, in a period of scarce resources, it may be more efficient to target any benefit improvements to only low-income

elderly families. Before making similar statements about potential benefit cuts, however, it would be important to consider that many of those who are not doing well rely heavily on Social Security, for example, and are potentially vulnerable to across-the-board reductions in this universal program. This particularly applies for minority elderly persons. Thus, arguments about Social Security changes are not symmetrical--more benefits might not be an efficient way of reducing poverty, but fewer benefits would be very "effective" in raising the poverty rate.

Another possible approach would be to create universal programs aimed at the "old-old" (those age 75 and over) on the theory that such persons are likely to be poor—and more likely to face catastrophic medical expenditures. Again, careful qualification is needed, however. Increasing the retirement age for Social Security and Medicare—a benefit reduction—is not the issue; that would hurt many of the younger elderly who are sick and must retire. Rather, some preferential treatment for the old-old might be desirable if it does not mean substantially reducing benefits to the young-old (or doing so across the board).

For elderly women in poverty, selected improvements in areas such as pension coverage for survivors and coverage of medical costs (particularly for recognizing the needs of a surviving spouse when requiring that a couple "spend down" their assets to qualify for Medicaid long-term care coverage) would seem to be promising. Such policies are by their nature targeted toward the problems discussed here. In addition, coverage from Supplemental Security Income—especially when state supplements are considered--tends to be more generous for couples than individuals. A reordering of the benefit levels towards individuals could aid elderly women. But these are not perfect solutions: for instance, private pension improvements may be more helpful to

middle rather than lower income elderly women and in any case would not affect the current generation of elderly women.

Policy implications are harder to draw from the data on the minority poor. The long-term solution to many of these problems may most appropriately focus on achieving improved opportunities for earnings, pensions, and savings when these individuals are young. But that does not offer much hope for the current elderly population or those approaching age 65. In this area, general relief offered to those below or near the poverty line may be the only solution. Changes in the benefit structure of Social Security raising payments to low-wage workers could also be helpful, but broad approaches to raise all Social Security benefits a little, for example, would not offer much aid to this group.

NOTES

1. The poverty statistics in this paper are largely drawn from the Current Population Surveys for the 1982 and 1983 calendar years. Most of these figures are available in published form from the Bureau of the Census, Consumer Income Series P-60.

2. Some results of this analysis are contained in Marilyn Moon and Isabel Sawhill, "Family Incomes" in The Reagan Record, ed. by John Palmer and Isabel Sawhill (Cambridge, Mass.: Ballinger, 1984) and discussed in more detail in another paper prepared for this conference.

3. The elimination of the "indexing flaw" in the calculation of initial Social Security benefits does mean, however, that benefit increases may slow in the future.

4. See for example, Bureau of the Census, "Estimates of Poverty Including the Value of Noncash Benefits," Technical Paper 52, U.S. Department of Commerce, 1984, which reports that including all in-kind benefits received by the elderly would lower their poverty rate from 14.1 percent to as low as 3.3 percent.

5. I discuss this issue in more detail in Marilyn Moon, "The Incidence of Poverty Among the Aged," Journal of Human Resources 14 (Spring 1979): 211-221. It is the Medical benefits that largely account for dramatic declines in poverty rates when in-kind transfers are included in income.

6. That is, in 1982, almost 900,000 families headed by some age 65 or older were poor, but 1.5 million had incomes of less than 125 percent of their respective poverty thresholds.

7. Unfortunately, published CPS data do not give sufficient details to make cross-year comparisons which would be most helpful here.